2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 amg Secretary of State **DOCUMENT #** P01000111496 1. Entity Name BALDAN HOME THEATER, INC. 05-23-2002 90056 011 ***150.00 Principal Place of Business Mailing Address 245 SE 1ST STREET STE 100 245 SE 1ST STREET STE 100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONCALVES, JULIO V JR Street Address (P.O. Box Number is Not Acceptable) 245 SE 1ST STREET STE 100 **MIAMI FL 33131** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MANAGER Addition NAME GONCALVES, JULIO V JR DOS SANTOS, LUIZ 245 SE 14 STREET SOITE 100 NAME STREET ADDRESS 245 SE 1ST STREET STE 100 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP FL 33131 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

(9/01)